



Department of Public Works

300 Park Avenue, Suite 100 WEST, Falls Church, VA 22046
Phone: 703-248-5350 (TTY 711) Fax: 703-248-5336
ROW-inspections@fallschurchva.gov • www.fallschurchva.gov

APPLICATION TO WORK WITHIN CITY RIGHT-OF-WAY

➤ DATE:

OFFICIAL USE ONLY
PERMIT NO.:

LOCATION OF WORK AND JOB INFORMATION

➤ Project Name:

➤ Street Address:

Falls Church, VA

➤ Zip Code:

➤ Primary Onsite Contact Name:

➤ Phone

➤ Start Date (or ASAP)

➤ Anticipated Duration

➤ CHECK ALL APPLICABLE:

- ☐ Curb/Sidewalk ☐ Driveway Apron ☐ Sewer Lateral Connection ☐ Water Connection
☐ Storm Water Connection ☐ Above Ground Utility Work ☐ Underground Utility Work ☐ Other _____

➤ Lane Closure Requested? ☐ Yes ☐ No

➤ Standard Detail Used For Proposed Work? ☐ Yes ☐ No (See list of CFC Details)

**DETAIL/SCALED MAP REQUIREMENT: Permit applicant shall submit two (2) sets of a scaled map of the specific work area. Scale must be adequate for City reviewer to understand the specific work. If Lane Closure is requested two (2) copies of Maintenance of Traffic (MOT) Plan must be submitted for review as well.*

UTILITY/ PROPERTY OWNER'S INFORMATION

ENGINEER'S INFORMATION (If Applicable)

➤ Full Name (First/Last)

Full Name (First/Last)

➤ Address

Address

➤ City

➤ Zip

City

Zip

➤ Email Address

➤ Phone ☐ Office ☐ Cell

Email Address

Phone ☐ Office ☐ Cell

LICENSED CONTRACTOR INFORMATION

*SUB CONTRACTORS INFORMATION (If Applicable)

➤ Company Name

Company Name

➤ Address

Address

➤ City

➤ Zip

City

Zip

➤ Email Address

➤ Phone

Email Address:

Phone

➤ VA State Contractor's License #

➤ Class: ☐ A ☐ B ☐ C

VA State Contractor's License #

Class: ☐ A ☐ B ☐ C

➤ Name & Phone Number of Primary Contact/ Personnel on Site in Case of Emergency:

WORKSHEET - PROPOSED ROW WORK

➤ Description of work :

- NUMBER OF lanes at location? _____
➤ HOW MANY lanes will need to be closed? _____
➤ Will any portion of sidewalk need to be closed?
☐ Yes ☐ No
➤ Traffic Management Plan Attached:
☐ Site Specific MOT Plan
OR ☐ VDOT MOT - VWAPM Standard:

➤ Designates Required Information

*Use additional sheets for ALL subcontractors performing work within ROW



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ROW BOND REQUIREMENT: A cost estimate of the proposed work must be provided with each application. The Bond will be set at the total of the estimate or \$2500, whichever is greater. This Cost Estimate must be approved by DPW prior to Bond Package submittal. Submitted estimates may be based on a contractors estimate of work or calculated using unit prices derived from the current Fairfax County, VA Unit Price Schedule, found under “Construction & Land Use / Site Construction Publications” at the following link: <http://www.fairfaxcounty.gov/dpwes/publications/>.

All work performed within City Right-of-Way shall have a one year bond retained upon completion of work.

*NOTIFICATIONS

REQUIRED ROW PERMIT NOTIFICATIONS: 24 hour notice is required prior to start of ALL Construction Activities.

Permit holder **MUST** notify the City of work by visiting www.fallschurchva.gov/dpw or by emailing

ROW-inspections@fallschurchva.gov

Please refer to Conditions of Permit for additional notification requirements.

CERTIFICATION

STATEMENT & SIGNATURE OF APPLICANT:

Upon receipt of the requested permit, the applicant, his successors or assigns, agrees to indemnify and hold harmless the City of Falls Church from all claims for damages to persons or property as a result of the actions, work, or facilities associated with this permit.

I have read and understood all requirements outlined in the City’s General Conditions of Right of Way Permit. I hereby certify that I am authorized to make this application on behalf of the listed property owner and I agree to conform to all applicable laws, codes and ordinance of the City of Falls Church and the Commonwealth of Virginia. We further agree to fully comply with Virginia Work Zone Safety Regulations and Miss Utility “Call Before You Dig” regulations.

I understand that any work which takes place outside the scope of the Permit issued through this specific Permit Application is subject to additional fee assessment(s) as allowable by City Code.

Any additional Conditions of Permit will be attached when picked up.

By signing this permit application, I accept all liability associated with this encroachment.



Signature of Applicant

➤

Date

➤

Print Name and Title

➤

Phone # to Call When Permit is Ready

➤

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act.

This document will be made available in an alternate format upon request. Call 703-248-5080 (TTY 711).

OFFICIAL USE ONLY

PERMIT EXPIRATION DATE:
(Not to Exceed 12 months)

Approval Signature:

Date

APPROVALS

FEES

ROW BOND: ☐ \$2,500 minimum

☐ Other Amount: \$ _____

☐ Cash Bond

☐ Surety Bond for this Permit only

☐ Blanket Bond previously approved by DPW

☐ Franchise Agreement

☐ \$200 ROW Fee

☐ \$ _____

☐ No Fee

APPROVALS AS NEEDED

CITY ARBORIST

☐ (Check if required)

Approval Signature

Date

**STORMWATER/
SANITARY**

☐ (Check if required)

Approval Signature

Date

TRANSPORTATION

☐ (Check if required)

Approval Signature

Date

*Please see “Conditions of Permit” and the Informational sheet “Application and Inspection process for applicants”